

MOSARAM AUTO SALES

L.R.P.ROAD, LAKHIMPUR KHERI, ,LAKHIMPUR, KHERI, 262701, UP, INDIA
 State Code: 9 Contact: 7800009643, 7408404715 , 7408404714 , 7800009644
 GSTIN No: 09AAJFM3951B1ZD
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 10730-03-REST-1225-677 Date 11-12-2025
 Customer Name OM DIXIT Contact No. 6306649125
 VIN MBLHAW113MHE61066 Model SPLENDOR +
 Insurance Company Reg No. UP31BU9622
 HMCGL Card No HMCGL Card Category
 Part Details

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410KWHHY0S -FR VISOR	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
2	83600KCC830ZBS -L SIDE COVER (BLACK NH-1)	87141090	Paid	636.44	1	9.00	9.00	0.00	0.00	0.00	0.00	751.00
3	17500AAEH00ZBS -FUEL TANK-BLACK (NH-1 (TYPE-2))	87141090	Paid	5,000.00	1	9.00	9.00	0.00	0.00	0.00	0.00	5,900.00
4	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
5	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
6	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
7	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
8	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
9	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
Parts Total											0.00	12,261.00

Labour Details												
S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
Jobs Total											0.00	2,000.10

Parts Total	12,261.00
Labour Total	2,000.10
SGST (Parts) 9%	935.16
CGST (Parts) 9%	935.16
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	14,261.10

Rupees in Words: Fourteen Thousand Two Hundred Sixty One and paise Ten Only

Authorised Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged
3. Vehicles in this workshop are handled/driven and kept at owner's risk.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
6. Actual amount may vary from estimate

10730 - Main W/S

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
.....Messant.....

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

Sir / महोदय ,

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे
दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	Om Dixit, 6306649125
2	Vehicle No. / वाहन संख्या	UP31BU9622
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/399043
4	Period of Insurance / बीमा अवधि	24/01/2025 से 23/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/12/2025, 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	शरिया गाँव के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shivam Kumar Dixit, 638689517 UP3120190002092
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : लखीमपुर से बेहलवा जा रहे थे तभी अचानक शरिया गाँव के पास सामने से बाइक से टक्कर हो गई। जिससे भेरी गाड़ी बाँधी और गिरकर हाँसिगस्त हो गई।		
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MOSARAM AUTO SALES LRPRAD LAKHIMPUR KHERTI, 915115A036

Date / दिनांक : 09/12/2025
हस्ताक्षर

Shri Om Dixit

Signature of Insured / बीमाधारक के



The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Oriental House, P.B. No.7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address Meerut

Certificate/Policy No. MS/2025/7001/0/46575/399

Tel. No.

Period of Insurance 24/01/2025 to 23/01/2026

Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

- (a) Name : Om Dixit
 (b) Address for correspondence Moh: BARKHERWA, LAKHIMPUR, PS. SADARKOTWALI, KHARI
 (c) Telephone : 6306649125

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>HALLFVMHE45876</u> Chassis No. <u>MBLHAW113MHE61066</u>	Registration No. <u>UP31BU</u> <u>9622</u>
-------------------------------------------	--------------------------------------------------------------------------	--------------------------------------------------

- (a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

N/A

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : _____
 (b) Unladen Weight : _____
 (c) Weight of goods carried/Load Challan No. : _____
 (d) Nature of permit : _____
 (e) Nature of goods carried : _____
 (f) Was the vehicle plying for hire : _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Shivam kumar Dixit
 (b) Age : 10/10/1996
 (c) Address : LAKHIMPUR KHERT (NPT), UP-262701
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : BHAT
 (e) If paid driver, how long has he been in your employment : No
 (f) Was he under the influence of intoxication Liquor or drugs? : No
 (g) Driving Licence Number : UP 31 2019 000 2092
 (h) Issuing Authority : 22/02/2019
 (i) Date of Expiry : 21/02/2039
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : No
 (l) Has he been involved in any accident before?: No
 (m) Has he been charged by the policy? If so, Why?: No

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 06/12/2025, 10:00AM
 (b) Place : शरिया गांव के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : शरिया गांव के पास बस रोड पर बस का ब्रेक फेल हो गया और बस ने सामने की गाड़ी को टक्कर मारी। बस ड्राइवर का नाम शरिया गांव के पास निवासी है।
 (e) If any third party was responsible for this accident give the name and address : शरिया गांव के पास निवासी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
 (b) Estimated cost of repairs : MOSARAM AUTO SALES LRP ROAD
 (c) When and where can the damaged vehicle be inspected : LAKHIMPUR KHERT, 9151154036

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : _____
 (b) Address : _____
 (c) Full Details of personal injury sustained : _____
 (d) Name and address of any person/hospital giving medical attention to injured person : _____
 (e) Full details of property damaged : _____
 (f) Has notice of any claim been given to you? : _____
- N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____ N/A
(b) If yes, give full details : _____

9. WITNESS

- (a) Give names and addresses of passengers/other
Witness, if any : _____
(b) Did a Police Constable take particulars of
The accident? : _____
(c) Was accident reported to Police? If not, Why? : _____ N/A
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

10. THEFT

- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : _____
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____
(f) Has theft been reported to Police? : _____ N/A
(g) When? : _____
(h) Which Policy Station? : _____
(i) C.R. diary Number : _____

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 09/12 2008

Signature of the insured Shui Om Dsit

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(In words Rupees _____)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. UP 31BU 9622 insured under Policy No. _____ of
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-



Witness _____
Name _____
Signature _____
Address _____

Signature Shri Om Dixit
Occupation _____
Address _____

Bank Account Number _____
Name of the Bank _____

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/399043

Motorsathi Care Private Limited
 B.Dass Compound Opposite.DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India
 Contact us at
 Phone :91 79410 50643
 Email :info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
OM DIXIT	1998-01-01	6306649125	BRIJESH DIXIT	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP31BU9622	HA11EVMHE45876	MBLHAW113MHE61066	2022-02-04	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
43000.00	NA	0.00	0.00	0.00	43000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo		---	2	1609.22	
Address			City / District	Pin Code	State	
MOHLI A BARKHERWA,LAKHIMPUR,PS.SADAR KOTWALI,KHERI,UTTAR PRADESH,262701				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
KAJAL	Female	22 Years	WIFE	2025-01-24 12:38	Midnight of 2026-01-23	

Section A. VRC: 346.25 TCR: 355.18 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 701.43
 Section B. EC: 0.00 EC Service: 0.00 ECPD: 0.00 **Sub Total:** 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 **Total(B):** 0.00 **GST (CGST @9% + SGST @9%) (B):** 0.00 **Total with GST(B):** 0.00
 Section C. MS Services(O): 374.58 MS Services(D): 0.00 MS Services(P): 0.00 **GST (CGST @9% + SGST @9%):** 67.42 **Total MS Services with GST(C):** 442.00
 Section D. Drive Assure: 394.74 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%):** 71.05 **Total with GST(D):** 465.79

Total(Section A+B+C+D) Offered Price After Discount: 1609

Package Period Covered	2025-01-24 To 2026-01-23	2026-01-24 To 2027-01-23	2027-01-24 To 2028-01-23	2028-01-24 To 2029-01-23	2029-01-24 To 2030-01-23
ADV	43000	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

"THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2027-02-01 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding or obtaining such a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643 email id. info@motorsathi.com



IMPORTANT NOTICE: The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.



#: Received with Thanks Rs 1609.21 ON 2025-01-24 from Mr./Ms. OM DIXIT against the ARN No. INCP00399043
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: LMT - 22. 16. 18
 Customer Service Address: B.Dass Compound Opposite,DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31BU9622 Registration Date : 04-Feb-2022
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , -
Owner Name : OM DIXIT Son/wife/daughter of : BRIJESH DIXIT
Full Address: (Permanent) : MOHILLA BARKHERWA, LAKHIMPUR, PS. SADAR KOTWALI, KHERI, UTTAR PRADESH-
262701
Full Address: (Temporary) : MOHILLA BARKHERWA, LAKHIMPUR, PS. SADAR KOTWALI, KHERI-UTTAR PRADESH-
262701
Fitness Up To : 03-Feb-2037 Tax Up To : One Time
Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2050956630 Rear HSRP No : AA2049937388
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2021
No of Cylinders : 1 Chassis No : MBLHAW113MHE61066
Engine No : HA11EVMHE45876 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR + (SELF-DRUM- Wheel base : 1236
CAST)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 111
Colour : Red Black Laden/GV Wt (kgs) : 241
Other Criteria : AC Fitted : NO
Vehicle Purchase Ac : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt : 02-Feb-2022 Sale Amt : 67795/-
OTT Date : 02-Feb-2022 Amount/Rcpt No : 6780 / UP31D22020000479
TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED Date of Approval : 07-Feb-2022

Other State/Transfer/Conversion Details

Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 04-Feb-2022 to 03-Feb-2037

Date : 05-Mar-2022 10:36:06

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
Signature of Registering Authority
Date: 05-Mar-2022

N 1997595

UNION OF INDIA Driving Licence



UP31 20190002092



जारी करने की तिथि
Date of Issue
22/02/2019

वैधता / Validity
21/02/2039

जन्म तिथि
Date of Birth
10/10/1996

Blood Group
Unknown



नाम / Name

SHIVAM KUMAR DIXIT

पिता/पति का नाम / Son/Daughter/Wife of

BRIJESH KUMAR DIXIT

UP31 20190002092

LMV
22/02/2019

MCWG
22/02/2019

UP37488319M.T



Form 7 Rule 16(2)

पता / Address

Lakhimpur (NPP)
Lakhimpur, Kheri, UP
262701

Holder's Signature

जारीकर्ता / Issuing Authority Sign
LAKHIMPUR KHERI

शिवम

6386689517



भारत सरकार
Government of India



Iss ue Date : 08-01-2014



श्रीओम दीक्षित
Shriom Dixit
जन्म तिथि/DOB: 01/01/1998
पुरुष/ MALE

5142 0605 1183

VID : 9106 7673 7337 8102

मेरा आधार, मेरी पहचान



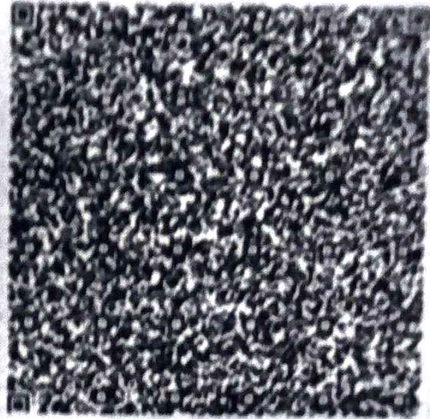
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
बरखेरवा, लखीमपुर, खीरी,
उत्तर प्रदेश - 262701

Address:
BARKHERWA, Lakhimpur, Kheri,
Uttar Pradesh - 262701

Download Date: 17-01-2023



5142 0605 1183

VID : 9106 7673 7337 8102



1947



help@uidai.gov.in



www.uidai.gov.in

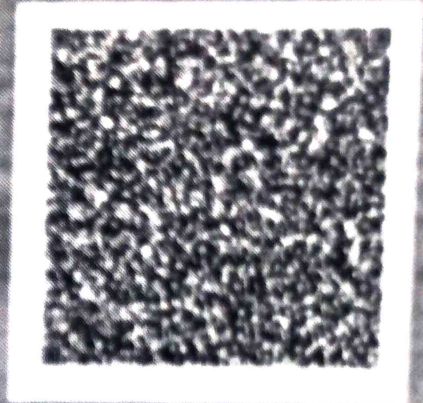
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
LXPD9481A



नाम / Name

SHRIOM DIXIT

पिता का नाम / Father's Name

BRIJESH DIXIT

जन्म की तारीख / Date of Birth

01/01/1998

Shriom Dixit

हस्ताक्षर / Signature

14954